

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Please Type or Print

PART I — Must be completed by all EFT participants

Taxpayer's Name	Hawaii Identification Number _____
DBA Name	
Address (Number and Street)	
City or town, State, and ZIP code	Federal Employer's Identification Number _____-_____-_____
Contact Person	
Telephone Number	

Tax Type (check types):

☐ General Excise and Use ☐ Withholding ☐ Transient Accommodations ☐ Rental Motor Vehicle and Tour Vehicle Surcharge

Part II — Must be completed for participants using the ACH Debit method

Bank information for ACH Debit

Account Name	Account Number _____ (Not to exceed 17 digits)
Bank Name	Transfer/Routing Number _____ (Requires 9 digits)
Branch Name	

Reminder: Attach voided check

The Hawaii Department of Taxation is hereby authorized to present debit entries which I or my authorized agent originates to the bank account identified above and the bank is authorized to debit such account for the tax(es) identified above. The authority is to remain in full force until EFT payments are no longer required by statute or, if I am a voluntary participant, until the Hawaii Department of Taxation and I mutually agree to terminate my participation in the EFT program.

Signature of Owner, Partner, Fiduciary, or Officer _____ Title: Owner, Partner, Fiduciary, or Officer _____ Date _____

Part III — Request for Approval to Use ACH Credit method

The Hawaii Department of Taxation is hereby requested to grant approval for the above named taxpayer to initiate ACH Credit transactions to the State of Hawaii's bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP). The authority is to remain in effect until EFT payments are no longer required by statute, until I am notified in writing that the Hawaii Department of Taxation has withdrawn its approval, or, if I am a voluntary participant, until the Hawaii Department of Taxation and I mutually agree to terminate my participation in the EFT program.

Signature of Owner, Partner, Fiduciary, or Officer _____ Title: Owner, Partner, Fiduciary, or Officer _____ Date _____

INSTRUCTIONS FOR FORM EFT-1
AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

GENERAL INSTRUCTIONS

Please type or print clearly. Return your registration material to the Hawaii Department of Taxation within 15 days from the date you received your packet.

If you will be paying for more than one tax type using the same bank account, only one Form EFT-1 should be completed. You may pay for any of the taxes listed on the form by EFT even if you do not exceed \$100,000 for that particular tax type.

If you will be using more than one bank account, please complete a Form EFT-1 for each account you will be using.

Please make a copy of your application for your records.

SPECIFIC INSTRUCTIONS

Part I—Taxpayer Information

All taxpayer information must be completed. If you are requesting approval to use the ACH Credit method, failure to provide the information requested will result in automatic rejection of your request.

Part II—Bank Information for ACH Debit

This part must be completed only by participants who will be using the ACH Debit method.

The bank information can be obtained from your bank or at the bottom of the check from the account you wish to be debited.

Account number should not exceed 17 digits.

Transfer/Routing Number requires 9 digits.

Remember to attach a voided check from the bank account you want debited.

Form EFT-1 must be signed by an owner, partner, fiduciary or officer who is authorized to sign checks drawn in the account identified on the form.

Part III—Request for Approval to Use ACH Credit Method

This part is to be completed only to request approval to use the ACH Credit method.

Some financial institutions offer ACH origination services. Contact your bank to determine what ACH origination services it offers and the costs of ACH Credit service. You cannot use the ACH Credit method unless your bank can initiate transactions in the CCD+TXP format.

Remember that if you use the ACH Credit method, the Department of Taxation **is not** responsible for the successful completion of EFT transactions that are required by law. Furthermore, the Department will not pay any costs your financial institution charges you for its services.

Signature of owner, partner, fiduciary or officer is required.

IMPORTANT INFORMATION

You will receive a confirmation letter after you file this form. The letter will include your EFT start date and detailed instructions for the method of payment to be used. No EFT payments should be attempted before that date.

The department may withdraw its approval for use of the ACH Credit method for failure to conform to the requirements for ACH Credit transactions.

You must make a written request if you wish to change from one ACH payment method to another. You must continue making your tax payments through EFT using the method in use until you receive confirmation authorizing the change and the effective date of the change.

If you have any questions, please call (808) 587-4242 or toll free at 1-800-222-3229.

Mail the completed Form EFT-1, with a voided check, if applicable, to:

**EFT Program
Hawaii Department of
Taxation
P.O. Box 259
Honolulu, HI 96809-0259**